

Return to:  
Elena Lao  
Snohomish County Council  
3000 Rockefeller Ave, M/S 609  
Everett, WA 98201



202206240294

**LAND CLASSIFICATION Rec: \$208.50**

6/24/2022 12:53 PM 6 PG

SNOHOMISH COUNTY, WA

## OPEN SPACE TAXATION AGREEMENT

*CH. 84.34 RCW*

**(TO BE USED FOR "OPEN SPACE" OR "TIMBER LAND" CLASSIFICATION ONLY)**

This Agreement between Jean, Terry, & Todd Allen hereinafter called the "Owner", and Snohomish County hereinafter called the "Granting Authority".

Whereas the owner of the following described real property having made application for classification of that property under the provisions of CH. 84.34 RCW:

**Assessor's Parcel or Account Numbers: (32061200301800)**

Legal Description of Classified Land: SEC 12 TWP 32 RGE 06 TH PTN FDP LY N OF SR 530: CAAP ON SEC LN BETWEEN SEC 11 & 12 TWP 32N RGE 6 E.W.M. 12 RODS N OF 1/4 LN TH E 52RODS TH S TO PRESENT LAID CO RD ABOUT 54 RODS TH E 8 RODS TH S TOSTILLA-GUAMISH RIVER BEING ABOUT 68 RODS M/L TH WLY FOL SD RIV TO SEC LN SEC 11 & 12 TH N TO POB ON SD LN LESS STRIP 20FT WIDE FOR PRIVATE RD OFF E SIDE S OF CO RUNNING TO RIVER & EXC CO RDS & EXC N PRR R/W & EXC PTN CONVDYD STATE OF WA PER 9105020232 OSA-74 (14.47 of 15.47 ac)

And whereas, both the owner and granting authority agree to limit the use of said property, recognizing that such land has substantial public value as open space and that the preservation of such land constitutes an important physical, social, esthetic, and economic asset to the public, and both parties agree that the classification of the property during the life of this Agreement shall be for:

X OPEN SPACE LAND

\_\_\_ TIMBER LAND

Now, therefore, the parties, in consideration of the mutual covenants and conditions set forth herein, do agree as follows:

- (1) During the term of this Agreement, the land shall be used only in accordance with the preservation of its classified use.
- (2) No structures shall be erected upon such land except those directly related to, and compatible with, the classified use of the land.
- (3) This Agreement shall be effective commencing on the date the legislative body receives the signed Agreement from the property owner, and shall remain in effect for a period of at least ten (10) years.
- (4) This Agreement shall apply to the parcels of land described herein and shall be binding upon the heirs, successors and assignees of the parties hereto.

- (5) **Withdrawal:** The land owner may withdraw from this Agreement if, after a period of eight years, he or she files an irrevocable request to withdraw classification with the assessor. Two years from the date of that request the assessor shall withdraw classification from the land, and the applicable taxes and interest shall be imposed as provided in RCW 84.34.070 and 84.34.108.
- (6) **Breach:** After the effective date of this Agreement, any change in use of the land, except through compliance with items (5) or (7) shall be considered a breach of this Agreement, and shall be subject to removal of classification and liable for applicable taxes, penalties, and interest as provided in RCW 84.34.080 and 84.34.108.
- (7) A breach of Agreement shall not have occurred and the additional tax shall not be imposed if removal of classification resulted solely from:
  - (a) Transfer to a governmental entity in exchange for other land located within the State of Washington.
  - (b) A taking through the exercise of the power of eminent domain, or sale or transfer to an entity having such power in anticipation of the exercise of such power.
  - (c) A natural disaster such as a flood, windstorm, earthquake, or other such calamity rather than by virtue of the act of the landowner changing the use of such property.
  - (d) Official action by an agency of the State of Washington or by the county or city where the land is located disallowing the present use of such land.
  - (e) Transfer to a church when such land would qualify for property tax exemption pursuant to RCW 84.36.020.
  - (f) Acquisition of property interests by State agencies or agencies or organizations qualified under RCW 84.34.210 and 64.04.130 (See RCW 84.34.108(5)(g)).
- (8) The county assessor may require an owner to submit data relevant to continuing the eligibility of any parcel of land described in this Agreement.

This Agreement shall be subject to the following conditions:

As per Motion No. 22-178 adopted on May 18, 2022, now on file in the office of the Snohomish County Council Clerk.

It is declared that this Agreement specifies the classification and conditions as provided for in CH. 84.34 RCW and the conditions imposed by this Granting Authority.

Granting Authority:

Dated May 18, 2022

*Jared Mead*  
 \_\_\_\_\_  
 Snohomish County Council Vice-Chair

*(This space left intentionally blank.)*

As owner(s) of the herein described land I (we) indicated by my (our) signature(s) that I (we) are aware of the potential tax liability and hereby accept the classification and conditions of this Agreement.

Dated 6-13-22

Jean A. Allen  
Owner(s)

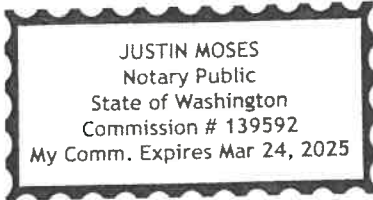
(Please do not write in margins.)

\_\_\_\_\_  
\_\_\_\_\_

(Must be signed by all owners)

Subscribed and sworn to before me this 13<sup>th</sup> day of June, 2022.

(Notary Seal – Please do not write or seal in margins.)



Justin Moses  
Notary Public

in and for the State of Washington residing at 504 Nolympic Ave. Arlington  
WA 98023  
My commission expires March 24, 2025

Granting Authority:

Signed Agreement received by JM Allen Date 6/16/22

As owner(s) of the herein described land I (we) indicated by my (our) signature(s) that I (we) are aware of the potential tax liability and hereby accept the classification and conditions of this Agreement.

Dated 6.10.2022

[Signature]

Owner(s)

(Please do not write in margins.)

\_\_\_\_\_  
\_\_\_\_\_

(Must be signed by all owners)

Subscribed and sworn to before me this 10 day of JUNE, 2022.

(Notary Seal – Please do not write or seal in margins.)



UPS Store #1211  
11301 West Olympic Blvd #121  
Los Angeles, CA 90064  
Tel: 310-445-4014

[Signature]  
Notary Public

in and for the State of CALIFORNIA residing at \_\_\_\_\_

My commission expires 10-28-2023

Granting Authority: [Signature]  
Signed Agreement received by \_\_\_\_\_ Date 6/16/22

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-041579

LOCAL FILE NUMBER: 3716

DATE ISSUED: 09/02/2021

FEE NUMBER: 1706064

FIRST AND MIDDLE NAME(S): TERRY WILLIAM  
LAST NAME(S): ALLEN

COUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: AUGUST 25, 2021  
HOUR OF DEATH: 02:05 AM  
SEX: MALE AGE: 76 YEARS  
SOCIAL SECURITY NUMBER: 573-56-2343

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: JUNE 20, 1945  
BIRTHPLACE: LOS ANGELES, CA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JEAN ANN CLOW

OCCUPATION: SALES  
INDUSTRY: LUMBER  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

INFORMANT: JEAN ANN ALLEN  
RELATIONSHIP: WIFE  
ADDRESS: 1791 STATE ROUTE 530 NE ARLINGTON, WA 98223

CAUSE OF DEATH:  
A: MULTIPLE MYELOMA  
INTERVAL: YEARS  
B:  
INTERVAL  
C:  
INTERVAL  
D:  
INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 17917 STATE ROUTE 530 NE  
CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223

RESIDENCE STREET: 17917 STATE ROUTE 530 NE  
CITY, STATE, ZIP: ARLINGTON, WA 98223  
INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: FORREST W ALLEN  
MOTHER: SHIRLEY WIDENER

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: AUGUST 30, 2021

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036  
FUNERAL DIRECTOR: MANUELA A. BARBER

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DON NGUYEN, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1201 PACIFIC AVENUE #400  
CITY, STATE, ZIP: TACOMA, WASHINGTON 98402  
DATE SIGNED: AUGUST 25, 2021

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: DON NGUYEN, PHYSICIAN

LOCAL DEPUTY REGISTRAR: ROXANA FALCON  
DATE RECEIVED: AUGUST 26, 2021

# Affidavit for Correction

Mall to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

This is a legal document. Complete in ink and do not alter.

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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### Required information must match current information on record

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
	1. Name on Record: First Middle Last			2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____				

7. Return Mailing Address:  
PO Box or Street Address City State Zip

Telephone Number: ( ) Email Address:

### Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature: Printed name: Date:	14b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: Date:
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### INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

**You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.**

#### Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
- No proof is required to change the first or middle name.\*
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

#### Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

\*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

#### Death Certificates

1. Only the Informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

